

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent #	08/244863		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input checked="" type="checkbox"/> other <i>MULTI CLASS IN ERROR</i>	1	18741694	s 230	
		7 TOTAL AMOUNT OF REFUND	\$ 230	
8 TO BE REFUNDED BY:				
<input type="checkbox"/> Overpayment		Treasury Check		
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #: 03-3975		
9 NO FEE DUE (Explanation):				
10 REASON:				
<input checked="" type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
11 REFUND REQUESTED BY: <i>Vincent Wallace</i>				
TYPED/PRINTED NAME:		TITLE: <i>Paralegal</i>		PHONE: <i>305-3755</i>
SIGNATURE: <i>Vincent Wallace</i>				
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <i>Ireda Connelly</i>		DATE: 10/25/94		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B